Approved for use the U.S. Peters and Treatment Office; U.S. Peters and Treatment Office; U.S. Under the Peters and Treatment Office; U.S. Peters and Treatment Office; U.S. Under the Peters of Information unless is dis-Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD 9-13528-136US OTHER THAN CLAIMS AS FILED - PART I SMALL ENTITY OR SMALL ENTITY (Column 1) FOR NUMBER FILED NUMBER EXTRA RATE RATE FEE BASIC FEE s_710 OR (AT COR LINE) TOTAL CLAIMS 85 65 minus 20 = OR s 18 _ 1,170 INDEPENDENT CLAIMS 6 minus 1 = 3 240 80 _ OR CALCAS FROM MULTIPLE DEPENDENT CLAIM PRESENT (D) CFB 1.16(4) OR 2,120 if the difference is notions I is been then zero, error "O" in column 2 TOTAL OR TOTAL **CLAIMS AS AMENDED - PART II** OTHER THAN SMALL ENTITY OR SMALL ENTITY (Cohama I) (Constall) (Comme I) CLAIMS HIGHEST ADDI-ADDI-⋖ REMAINING PRESENT NUMBER RATE THONAL TIONAL. RATE **AMENDMENT** AFTER PREVIOUSLY **EXTRA** FEE FFE AMENDMENT PAJD FOR OR Total \leq Minus (37 CFL 1.15(2)) OR Independent Minus OT CITE LINGS OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM DT CFL LINGS OR OR TOTAL ADDIT. FEE TOTAL -29-(05 (Column 1) ADDIT. FEE (Column 2) (Column)) CLAIMS HIGHEST ADD1-ADDI-REMAINING NUMBER PRESENT RATE TIONAL TIONAL RATE AMENDMENT AFTER **PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR OR Total OT CTR LINGO Minus OR Minus OR D7 CFE LIGOR (37 CPL L16(4)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR OR TOTAL TOTAL ADDIT. FEE (Column 2) (Column 1) (Column I) CLAIMS HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT RATE TIONAL TIONAL RATE AMENDMENT EXTRA AFTER PREVIOUSLY FEE FEE AMENDMENT PAID FOR **OR** Total Minus . OT CTR LIME OR Independent O1 Cra LISON ... Minus OR (JT CFE LIMOR) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR * If the entry in column 1 is less than the entry in column 2, wrist "0" is column 3.

* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 30, cater "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 30, cater "20".

The "Highest Number Previously Paid For" IN THIS SPACE is less than 30, cater "3".

The "Highest Number Previously Paid For" (I otal or Independent) is the highest number found in the appropriate box in column 1.

Benden Hour Senament: This form a estimated to take 0.2 hours to complete. Jeen will very depending upon the ends of the individual case.

Any connectes on the amounts of these you are required to complete, this form though the sens to the Chief Indemntion Officer, U.S. Peters and Trademark

Office, Weshington, D. (2011). DO NOT SEND FREES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, D. (2011). TOTAL TOTAL **OR** ADDIT. FEE